

PATENT APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::

Filing Date::

Application Type: Non-Provisional

Subject Matter:: Utility

Suggested Classification:: 514

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable

Form (CRF)?::

Number of copies of CRF::

Title: METHOD OF MAKING TRICYCLIC
AMINOCYANOPYRIDINE COMPOUNDS

Attorney Docket Number:: 18438/09040 (01115/4)

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: None

Small Entity?: No

Secrecy Order in Parent Appl.?: No

INVENTOR INFORMATION

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: R.
Family Name:: Anderson
Name Suffix::
City of Residence:: Lake St. Louis
State or Prov. of Residence:: MO
Country of Residence:: US
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City:: Lake St. Louis
State or Province:: MO
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Postal or Zip Code:: 63367

Inventor Authority Type:: Inventor
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Status:: Full Capacity
Given Name:: Emily
Middle Name:: J.
Family Name:: Reinhard
Name Suffix::
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State or Prov. of Residence:: NJ
Country of Residence:: US
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City:: Ridgewood
State or Province:: NJ

Country:: US
Postal or Zip Code:: 07450

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Middle Name:: A.
Family Name:: Kolodziej
Name Suffix::
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State or Prov. of Residence:: MO
Country of Residence:: US
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City:: Ballwin
State or Province:: MO
Country:: US
Postal or Zip Code:: 63021

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William
Middle Name:: F.
Family Name:: Vernier
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Country of Residence:: US
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City:: Oceanside
State or Province:: CA
Country:: US
Postal or Zip Code:: 92506

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Shridhar
Middle Name:: G.
Family Name:: Hegde
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State or Province:: MO
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CORRESPONDENCE INFORMATION

Correspondence Customer
Number:: None
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REPRESENTATIVE INFORMATION

Representative Designation::	Registration Number::	Representative Name::
Primary	35,124	Charles E. Dunlap
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Associate	27,808	J. Timothy Keane
Associate	28,026	Robert M. Kennedy
Associate	41,898	Karen B. King
Associate	25,275	Scott J. Meyer
Associate	41,094	Richard A. Mueller
Associate	43,864	Philip B. Polster, II
Associate	47,004	Rachel A. Polster
Associate	48,180	Joseph R. Schuh
Associate	45,199	James M. Warner
Associate	39,876	Scott A. Williams
Associate	32,343	Mark C. Dukes
Associate	35,561	Neil C. Jones
Associate	35,218	Craig N. Killen
Associate	38,446	Lloyd G. Farr
Associate	43,984	Michael E. Wever
Associate	47,560	Wesley D. Few
Associate	46,730	Kyle M. Globerman
Associate	52,284	Robert S. Thomas
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DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
This Application Non-Provisional of 60/432,783 12/12/02

FOREIGN PRIORITY INFORMATION

Not Applicable

ASSIGNMENT INFORMATION

Assignee name:: Pharmacia Corporation
Street:: Mail Zone MC5S
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State or Province:: MO
Country:: USA
Postal or Zip Code:: 63141